



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

Date Received
2003 JUL -3 AM 10:28
30-MAY-2003

Repository
Reference No.
10021924

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City SALIDA State CA Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of all information, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 06/20/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number (VIN) (Provide VIN) 1B7GL22X1X5H4959
Make DODGE Model DAKOTA Model Year 1999
Date Purchased 05-22-1999 Dealer's Name and Telephone Number Curt Hughes Dodge
Original Owner Dealer's City Manteca State CA Zip Code 95236 Engine No: Cylinders 6 Fuel Type GAS
Transmission Type Automatic Antilock Brakes Cruise Control Powertrain 4X2
Vehicle Component Code 063100 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM; EMISSION
Multiple Failure: EMISSIONS TEST

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-MAY-2003 Failure Mileage 56649 Failure Speed 25 MPH EMISSION SYSTEM

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured [Redacted] Number of Deaths [Redacted] Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (i.e., parts repaired or replaced (and if old part is available)).

CONSUMER'S VEHICLE DIDN'T PASS THE EMISSION TEST. DEALER HAS INSPECTED THIS VEHICLE AND COULD NOT DUPLICATE OR CORRECT THE PROBLEM. PLEASE PROVIDE FURTHER INFORMATION. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.